



REQUEST FOR APPLICATIONS

ALLIED HEALTH PROFESSIONAL EDUCATION and TRAINING GRANT - 2021

ISSUED BY:

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
OFFICE OF POLICY INITIATIVES AND BUDGET**

**APPLICATIONS ARE DUE
NO LATER THAN 12:00 NOON CT
ON MAY 7, 2021**

FOR QUESTIONS, CONTACT:
DONNA WONG AT
DONNA.WONG@WISCONSIN.GOV

LATE APPLICATIONS WILL NOT BE ACCEPTED

**ALLIED HEALTH PROFESSIONAL EDUCATION AND TRAINING GRANT
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

REQUEST FOR APPLICATIONS (RFA)

TIME LINE

MARCH 1, 2021	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
MARCH 12, 2021	QUESTIONS DUE BY 12:00 NOON CT
MARCH 19, 2021	QUESTIONS & RESPONSES POSTED TO DHS WEB SITE
MAY 7, 2021	APPLICATIONS/PROPOSALS DUE BY 12:00 NOON CT
JUNE 4, 2021	NOTIFICATION OF AWARDS
JULY 1, 2021	CONTRACT START DATE

REQUEST FOR APPLICATIONS
WISCONSIN DEPARTMENT OF HEALTH SERVICES
ALLIED HEALTH PROFESSIONAL (AHP) EDUCATION AND TRAINING GRANT

1. Introduction

2017 Wisconsin Act 59, § 1657D, Wis. Stat. 146.616, authorized the Department of Health Services (DHS) to distribute grants to health care consortia to establish education and training programs for allied health professionals. Up to \$500,000 annually is allocated to support partnerships of hospitals, clinics, health organizations, and educational providers to increase the availability of quality education and training opportunities for critical allied health positions in rural areas of the state.

2. Definitions

For the purposes of this RFA, the following definitions shall apply:

- a. Allied health professional — any individual who is a health care provider other than a physician, registered nurse, dentist, pharmacist, chiropractor or podiatrist, and who provides diagnostic, technical, therapeutic, or direct patient care and support services to the patient.
- b. Consortium — a formal or informal, affiliated group of three or more entities - representing hospitals and clinics, educational providers, and health systems - that agree to work together toward shared goals and purposes. For purposes of this RFA, a consortium is also referred to as a partnership.
- c. Program — a structured educational experience designed to conform to requirements of a particular specialty, the satisfactory completion of which may result in eligibility for certification in a specific allied health occupation.
- d. Rural hospital/clinic — a hospital or clinic serving a community with a population of less than 20,000.

3. Eligible Applicants

- a. Hospitals, clinics, health systems and educational entities that form health care education and training consortia for allied health professionals.
- b. Applicants must form a partnership or consortium with a minimum of one health system and one educational provider, as defined in Section 2. Interested parties are encouraged to expand the partnership to include other organizations, especially other hospitals or clinics in the same region of the State.

4. Funding and Grant Period

- a. Grant amount: Up to \$125,000 per year per partnership.
- b. Grantee match: 100% match, in cash or in-kind.
- c. Grant period: One or two years
- d. Grant payments: Quarterly reimbursements.
- e. Effective date for new grants: July 1, 2021.

5. Requirements

- a. Only one application may be submitted per partnership/consortium.
- b. Priority will be given to partnerships serving rural communities with populations of less than 20,000.
- c. AHP grants may support education and training for a wide variety of health professions that provide diagnostic, technical, therapeutic, or direct patient care and support services to a patient. See Appendix A for a list of allied health professions.
- d. AHP grants may not be used to support training for physicians, registered nurses, dentists, pharmacists, chiropractors, or podiatrists. Grants also may not be used to train certified nursing assistants working in nursing homes.
- e. A single application may request funds to provide training opportunities for more than one allied health occupation, as long as the total amount of funds requested does not exceed \$125,000 per partnership per year.
- f. The length of the grant period must be consistent with the length of required training for the targeted allied health occupation(s). All grant-supported training should begin July 1, 2021 or within a few months consistent with the academic year.
- g. Education and training programs for allied health occupations range from short certificate programs to Master degree programs. AHP grants may support programs along this continuum; priority may be given to shorter-term training that allows newly qualified professionals to enter the workforce quickly.
- h. Based on high need, priority may be given to applications targeting behavioral health specialists and technicians, mental health counselors and assistants, psychiatric aides and technicians, and substance abuse counselors and counselors-in-training.
- i. Grants may be used to expand existing training programs or to develop new training programs.
- j. Funds may be used to support the training of current employees and/or new hires or potential employees.
- k. Recipients must match the amount received through the grant (100% match) either in cash or in-kind.
- l. Participants in AHP grant-supported graduate education and training programs must be U.S. citizens, non-citizen U.S. nationals or foreign nationals who possess visas permitting permanent residence in the U.S. Individuals on temporary student visas shall not participate in education and training programs supported by DHS AHP grant funds.

6. Rural Focus

- a. Priority will be given to partnerships serving rural communities with populations of less than 20,000. Applications from partners in communities with populations over 20,000 will be considered based on available funds.
- b. To increase retention of individuals whose training is supported via the AHP grant, partnerships should give priority to individuals with strong ties to rural areas of Wisconsin.
- c. Partnerships are encouraged to facilitate having required clinical training completed in rural hospitals and clinics.

7. Allowable and Unallowable Costs

Allowable costs include:

- a. Curriculum and faculty development
- b. Tuition reimbursement or scholarships
- c. Clinical site development and simulation expenses

Unallowable costs:

- a. Information technology and software other than for simulation
- b. Capital improvements, including remodeling; up to 25% of such costs may be considered part of the match
- c. Organization of the partnership (Note: The partnership is not required to be a legal entity.)
- d. Planning expenses; such costs may be considered part of the match
- e. Research
- f. Supplanting or replacing existing funds supporting the proposed training program from other sources, including local, state, or federal funds.

8. Required Match

- a. AHP grants require a 100 percent match in cash or in-kind.
- b. Matching funds may include, but are not limited to:
 - Hospital/staff costs for those directly engaged in program planning or operations
 - Consultant fees paid by the partnership or donated on behalf of the partnership
 - Capital improvements required to facilitate the training, e.g., space renovation and equipment; limited to no more than 25 percent of the total required match
 - Funds provided by partner organizations, if any, to achieve the goal of the grant.
- c. Grant funds from other state or federal sources are not considered matching funds. Funding for direct student/trainee expenses supplied by the individual or on his/her behalf are not considered matching funds.

9. Application Components and Rating Criteria

Abstract/Summary – 10 points (350 words maximum)

- a. Briefly summarize the proposal.
- b. Identify all members of the partnership and each partner's role, i.e., what each partner will contribute toward the benchmarks.
- c. Identify the allied health occupation(s) being targeted and provide a brief rationale for the selection.
- d. Briefly describe the education/training to be supported by the grant.
- e. Specify the amount requested, the proposed grant period, and how the match requirement will be met.

- f. Briefly note how the proposal facilitates the goal of increasing qualified health care providers in rural areas.

Partnership and grant management – 10 points

- a. Describe the partnership with at least one educational provider and one health care system, including the roles and responsibilities of each entity. If additional partners are included, identify them and describe their roles.
- b. Discuss how the grant will be managed and the roles and responsibilities of staff (by position title and partner organization).

Targeted allied health profession(s) – 10 points

- a. Identify the allied health occupation(s) targeted for education and training support and briefly describe the role of this occupation within the applicant's organization.
- b. For each targeted occupation, describe the rationale for the selection, including:
- Number of current vacancies (point-in-time)
 - Number of anticipated vacancies within the next two years
 - Average number of applicants (over the last 12 months) for such vacancies
 - Average length of time to fill targeted vacant positions
 - Other information relevant to the need for professionals in this occupation
 - Population demographics and treatment needs

AHP education and training program – 10 points

- a. Describe the education /training required for each targeted occupation—e.g., the type and length of the course or program, location(s) is, educational provider(s), and the type of certification earned by the participant at completion.
- b. Describe the proposed education or training to be supported via grant funds, including:
- The rationale, e.g., required training does not exist, is unavailable in this area, or has a waiting list for classes.
 - Any changes or modifications to the curriculum or clinical training and strategies for enhancing training in rural medicine.
 - Changes or additions to existing course, e.g., an evening program
 - How the training will be provided
 - the organization that will provide the training and the location
 - Student/trainee support services that will be provided

Student recruitment and retention – 10 points

- a. Describe strategies for student/trainee recruitment. Consider:
- Will students/trainees be current employees or potential hires?
 - Demographics of the target population
 - Geographic recruitment area

- Criteria for selection
 - Incentives to be provided (if any) for participation.
- b. Discuss how students/trainees who complete grant-funded education/training will be retained and how retention will be tracked. Consider incentives for participation or completion such as maintaining employment during training with a raise upon reaching agreed upon benchmarks, signing bonuses for new employees who remain six months, or agreements to work a year for each year of paid tuition.

Benchmarks and work plan – 10 points

- a. See Appendix C for an example of benchmarks and a work plan . Other formats may be used as long as the necessary information is included.
- b. List benchmarks are outcomes to be achieved. They should be clearly stated, realistic, and consistent with the goal of this RFA. Work plans should cover the length of the grant period and be sequentially reasonable.
- c. The work plan is a high-level summary of activities needed to achieve the specified benchmarks. Describe who will do what, by when, to meet the benchmarks. Include expected beginning and completion dates for each activity and the responsible party or parties (by position and titles) who will carry out the activity. Include a measurable outcome that will result from each activity.
- d. Structure this section in a way that allows the proposed education and training to be developed, implemented, and completed by students/trainees within the proposed funding period.

Budget – 20 points

- a. An example of a budget and budget narrative are provided in Appendix D.
- b. Provide a line-item budget for all allowable costs by state fiscal year (July through June). For each budget item, list the dollar amount and whether this amount is to be charged to the grant or will be part of the match.
- c. All expenses to be charged to the grant should have a separate line item. Use a separate line item for all staff and personnel costs; identify staff by position (not name) and organization.
- d. The budget should cover the length of the grant period.

Budget Narrative – 20 points

- a. Provide a brief justification for each item in the budget. Explain how each amount was calculated; briefly describe what is included, e.g., the number of hours, fees, books, number of meetings held with which organizations for what purpose, costs of recruiting and developing new clinical training sites, and faculty development.
- b. Clearly explain the amount and source of matching funds, including how amounts were calculated. If capital expenditures are considered as match, the amount should not exceed 25 percent of the total required match.
- c. Requests for reimbursement of tuition expenses should be identified by the targeted occupation(s), number of proposed students, and length of training.

10. Questions

- a. Submit questions regarding this RFA via email on or before 12:00 noon CT, March 12, 2021 to Donna.Wong@wisconsin.gov
- b. There will be no conference call. Questions regarding this RFA must be emailed and receipt will be acknowledged. Questions cannot be answered individually. Answers to questions received by the deadline will be posted on the DHS web site at <https://www.dhs.wisconsin.gov/business/solicitations-list.htm> by March 19.
- c. In the event that it becomes necessary to provide clarifying information, or to revise any part of this RFA, revisions, amendments and supplemental information will be posted to the DHS web site at <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>

11. Submission of Application

- a. Email an electronic copy of the completed application to Donna.Wong@wisconsin.gov
- b. Eligible applications must be received by 12:00 noon CT on May 7, 2021. Applications received after this time will not be reviewed.
- c. Please allow sufficient time for delivery by email, since it can sometimes take several hours for electronic mail to reach its destination.
- d. Receipt of the application will be acknowledged by return receipt email.
- e. Please review the application requirements in Section 9 of this RFA carefully to ensure that all required documents have been completed and included in the application. Also see the Checklist in Section 15.
- f. Please do not exceed 15 pages.
- g. Unless requested by DHS OPIB, no additional information will be accepted from any applicant after the deadline for submission of applications.
- h. Applications may be withdrawn by written notice to the sole contact identified in this RFA.

12. Award Procedures

- a. Only completed applications received by the deadline will be reviewed and scored.
- b. An external rating panel will evaluate each proposal against the stated requirements, and applicants will be ranked according to the numerical score received.
- c. If a grant is awarded, any modifications to the proposal must be negotiated with and approved by DHS.
- d. DHS will make the final decision if a grant will be awarded. DHS reserves the right to withdraw the RFA if only a limited number of eligible applicants apply. DHS reserves the right to award only a portion of available funds based on responses to this RFA, and to balance funding requests with the diversity of the training and locations and the goals of the AHP grant.
- e. Each applicant whose proposal is reviewed and scored by the Rating Panel will receive written notice of the determination of approval, or non-funding, of the proposal.

12. Reports

- a. Costs will be reimbursed quarterly, per the terms of a negotiated, performance-based agreement.

- b. The grantee will submit quarterly invoices for covered expenses within 30 days from the end of the quarter, e.g., by October 30, January 30, April 30, and July 30.
- c. The invoice must be signed by the authorized official named in the grant agreement. Payment will be made to the designated fiscal agent per the terms of the agreement.
- d. A template for the invoice will be provided by DHS.
- e. Quarterly Status Reports will be submitted with each invoice, highlighting activities completed during the preceding three months, barriers encountered and how they were addressed, and other information which the grantee believes that DHS should be aware of.
- f. A template for the Status Report will be provided by DHS.

13. News Releases

News releases pertaining to this award, or any part of the proposal, may not be made without the prior written approval of DHS. Copies of any news releases regarding this award during the contract year should be submitted to DHS within 30 days of publication.

14. Checklist for the completed application

The completed application will include the following:

- a. Application Cover Sheet
- b. Summary/Abstract
- c. Partnership and grant management
- d. Targeted allied health profession(s)
- e. AHP education and training program
- f. Student recruitment and retention
- g. Benchmarks and work plan
- h. Budget
- i. Budget narrative

Application Cover Sheet – Allied Health

Section A - APPLICANT INFORMATION

1. Partnership Members:			Targeted Allied Health Occupation 1:
2. Applicant:			Targeted Allied Health Occupation 2:
Address:	City:	State:	Zip:
3. Primary Grant Contact:			E-mail:
			Telephone:
Address:	City:	State:	Zip:
4. Fiscal Agent (if different from applicant):			Contact Name:
			E-mail:
Address:	City:	State:	Zip:
5. Employer Identification No.:			

SECTION B - BUDGET SUMMARY

<p>10. Enter the total proposed budget. Note: The maximum amount is \$125,000 per year. Grants are one year or two years.</p> <p>Total funds requested: \$ _____</p> <p>Total funds per year:</p> <p>2021-2022 _____ 2022-2023 _____</p>	
<p>11. NAME, TITLE AND EMAIL OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT</p>	
<p>Typed Name of Official: _____ Title: _____ email _____</p>	
<p>Signature: _____</p>	<p>Date: _____</p>

Appendix A—Allied Health Professions¹

The following list, from the Association of Schools of Allied Health Professions, identifies many of the occupations classified as allied health professions. It is not all inclusive. The list omits certain occupations that have not been identified as having shortages – either of qualified workers or of training for these positions – at this time. These assessments may not apply to individual hospitals in Wisconsin.

Anesthesiologist assistants, anesthesia technologists or technicians	Music therapists
Audiologists	Nerve conduction studies technologists
Cardiovascular technologists and technicians	Nuclear medicine technologists
Behavioral disorder counselors	Occupational therapists, occupational therapy assistants, occupational therapist aides
Clinical laboratory workers, medical technologists, medical laboratory technologists, medical laboratory scientists, medical and clinical laboratory technicians	Ophthalmic medical assistants, optometric assistants/technicians, paraoptometricians
Cytotechnologists	Orthotics and prosthetics: orthotists and prosthetists, orthotic and prosthetic technicians
Diagnostic medical sonographers	Other social and mental health service workers
Dietitians, dietetic technicians, dietetic assistants, registered dietitians	Perfusionists
Electroneurodiagnostic technologists	Pharmacy assistants, aides, and technicians
Emergency Medical Technicians (EMTs), Paramedics	Physical therapists, physical therapy assistants, physical therapy aides
Genetic counseling assistants	Podiatric assistants
Health educators	Polysomnographic technologists
Histotechnologists	Psychiatric aides, psychiatric technicians
Home health aides	Radiation therapists
Kinesiotherapists	Radiologic service workers, radiologist assistants, radiologic technologists, radiologic technicians, radiology administrators
Lactation Consultants	Rehabilitation counselors, other rehabilitation service workers
Marriage and family therapists	Respiratory therapy workers, respiratory therapists
Magnetic resonance technologists	Specialists in blood bank technology/transfusion medicine
Medical assistants	Speech pathologists, speech-language therapists
Medical dosimetrists	Substance abuse and behavioral disorder counselors
Medical illustrators	Surgical technologists, operating room technicians, surgical assistants
Medical transcriptionists	Surgical neurophysiologists
Mental health counselors	

¹ Association of Schools of Allied Health Professions. "Table 1. Allied Health Professions." <http://www.asahp.org>. Accessed October 19, 2017.

Appendix B—Examples of Education and Training Approaches

The following examples highlight potential approaches for increasing the availability of education and training programs for high need, high demand allied health professionals. Other approaches may be used.

Example 1:

A regional partnership of hospitals, clinics, health systems, and educational providers reaches consensus on developing an enhanced CNA class of 15 to 20 students with additional training focused on skill needed to care for and support patients with chronic diseases. The long-term goal is to reduce re-hospitalization after hospital discharge and address non-medical issues that impact health. The new curriculum will be developed by a sub-committee of the partnership. EMTs may also be trained in the new chronic care skills component and subsequently employed by the hospital to provide follow-up care after discharge. In facilities with team-based care, the CNA will be a part of the team, as appropriate.

Example 2:

A partnership elects to “purchase” a new class for CNAs. The proposal is for a bi-monthly class of 10 to 15 students over 6 months with both day and evening sections. Child care will be provided on site. Retention strategies are a large component of the application with various approaches being tested by different partnership facilities. Partnership members will monitor and track the effectiveness of each approach with a long-term goal of permanent adoption of the most effective strategies.

Example 3:

A partnership completes a needs assessment of the regional hospitals, clinics, and health systems which identifies a long-term need for physical therapists. In lieu of immediately supporting Bachelor and Master degree programs, they propose building a career pathway starting with a new program in the region for physical therapy assistants. The program is modeled after an existing program with additional emphasis on injuries more common in rural communities and the needs of the frail elderly.

Example 4:

A partnership targets behavioral health professionals as their greatest need. Two current employees of partnership organizations have appropriate Bachelor degrees and have several hours of credit toward a mental health counseling degree. The partnership proposes to offer scholarships via the AHP grant to support the completion of their Master degrees. Both individuals will be required to sign an agreement to work for a year for each year of their scholarship following completion of their studies.

Appendix C—Sample Benchmarks and Work Plan

The example presented here shows part of a hypothetical work plan for developing and implementing an enhanced training program for surgical technicians. The example is not complete; it is intended to suggest one format for how benchmarks, and the work plan for meeting those benchmarks, might be presented. Other formats containing the relevant information may also be used. As outlined in the RFA, work plans should explain who will do what, by when, to meet specified benchmarks; the work plan should cover the length of the grant period, and be sequentially reasonable.

Benchmark/Outcome: Establish a team of stakeholders to plan the enhanced training program for surgical technicians by October 31, 2021 (planning expenses may be counted as part of the match).

Activities/Action Steps	Timeframe	Responsible Person(s)	Measurable Outcome
Identify and recruit relevant stakeholders for the planning team		Educational Coordinator	Planning team recruited
Stakeholders meet to plan new training program		Planning team	Weekly planning meetings held
Designate workgroups for curriculum revision, faculty recruitment and development, and program implementation		Planning team	Workgroups formed; meetings scheduled

Benchmark/Outcome: The planning team and specified workgroups develop the new program by December 1, 2021, including identifying and implementing needed curriculum revisions as well as processes for preceptor recruitment and participant recruitment.

Activities/Action Steps	Timeframe	Responsible Person(s)	Measurable Outcome
Review current curriculum; identify needed revisions and enhancements		Curriculum workgroup	Review completed; needed revisions are agreed upon
Implement and finalize curriculum revisions		Curriculum workgroup	Revised program is finalized
Identify and recruit preceptors			Preceptors recruited
Launch faculty development activities			
Plan/implement trainee recruitment			

Benchmark/Outcome: Implement and monitor training of new surgical technicians.

Activities/Action Steps	Timeframe	Responsible Person(s)	Measurable Outcome

Appendix D – Sample Budget

Allowable Costs: curriculum and/or faculty development, tuition reimbursement or scholarships, clinical site development, and simulation.

Unallowable Costs: Information technology and software other than for simulation, capital improvements, partnership organization, research, planning expenses

The following example shows the budget for a proposal requesting \$46,000 over a two-year period. This should be used as a guide for preparing the budget. Other tables or spreadsheets with these or similar categories or budget items are acceptable. Items in the budget will most likely be different across proposals.

All included costs must be justified in the budget narrative. Calculations may be included in the budget table or spread sheet or in the narrative. Note that, as in the example below, if the grant period is longer than one year, the amount counted as match should equal the amount charged to the grant by the end of the grant period, but these amounts do not have to match in each year of the grant.

Category	Budget Item	Year 1 (July 2021 – June 2022)		Year 2 (July 2022 – June 2023)	
		DHS Grant	Match	DHS Grant	Match
Personnel salaries and fringe benefits	Project manager		\$12,000		
	Program coordinator		\$14,280		\$14,280
Curriculum & faculty development	Curriculum development	\$1,500	\$1,500		
	Faculty development	\$2,500	\$2,500		
Clinical site development	Materials & supplies	\$1,000			
Student recruitment	Web page development, posters & flyers		\$1,000		\$1,000
Student training costs	Tuition	\$14,800		\$14,800	
	Books & supplies	\$5,250		\$5,250	
	Certification fees	450		\$450	
Totals		\$25,500	\$31,280	\$20,500	\$15,280

Budget Narrative

The following is an example of a portion of the narrative for the budget example above; the complete budget narrative is not shown here. The example may not reflect actual costs.

Personnel: Salaries and Fringe Benefits: counted as match \$40,560 total (over 2 years)

A Project Manager will be hired to lead the multi-organization planning process in the first year of the grant. The Manager's salary will be covered by the partnership. She will spend an estimated 10 hours per week for three months coordinating meetings, doing research on best practices, developing a more detailed work plan, and keeping everyone on track for the targeted implementation date. The Project Manager's negotiated rate is \$150 per hour; 10 hrs/week x 12 wks = 120 hrs x \$100 = \$12,000.

A Program Coordinator will be identified from among the partner organizations to work with the Project Manager during planning and development. Following implementation, the Coordinator will become the

grant manager. The Coordinator's responsibilities will include student recruitment and retention, faculty support, reporting, tracking expenses, and addressing challenges. The Coordinator's salary will be covered by the partnership. Annual salary = \$57,120 x 25% = \$14,280 per year, or \$28,560 over the 2 year grant period.

Program/Faculty Development: \$8,000 total, with \$4,000 charged to the grant and \$4,000 counted as match

Curriculum Development:

A clinical curriculum expert will be hired to work with the planning group to develop new curriculum. His hourly rate is \$150 and we anticipate 20 hours of work.

$$\text{\$150/hr.} \times 20 \text{ hours} = \text{\$3,000}$$

Faculty Development Conference:

Neither preceptor has had prior experience serving as faculty. The RWHC offers a 2-day faculty development session especially designed for new rural faculty. The fee includes training by national experts, materials and meals.

$$2 \text{ preceptors} \times \text{\$2,500 tuition} = \text{\$5,000}$$

While curriculum development and faculty development are both allowable expenses, only half (\$4,000) of these expenses will be charged to the grant. In order to meet the match requirement, the remaining half will be counted as match.